MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16478

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4999

City St. Louis (No. 311 Rosedale Ave St. ..... Ward)

2. FULL NAME Thomas J. Hoolan

(a) Residence. No. 311 Rosedale St., 5 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Hoolan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 13 - 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	7	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Attorney at Law

(b) General nature of industry, business, or establishment in which employed (or employer) 206

(c) Name of employer Himself

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Andrew Hoolan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 15
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Julia Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Gladys Hoolan
(Address) 311 Rosedale Av

15. FILED APR 26 1931, 19 Max A. Harding REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 23 1931

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1931, to April 23, 1931, that I last saw him alive on April 23, 1931, and that death occurred, on the date stated above, at 11.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History, physical, & EKG.

(Signed) Samuel B. Grant, M. D.

4/24, 1931 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL

Calvary Cemetery Apr 27 1931

20. UNDERTAKER | ADDRESS

Cullinane Bros 1710 N. Grand Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2.

Dr. Samuel Grant
3720 Washington Ave

1 Pen